

DUO-Sweden Fellowship Programme Application for academic year 2014/15

ID number	Date of submission	
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HOME INSTITUTION(in SWEDEN)	
Name of Institution	
Address	Country:SWEDEN Zip Code:

1) CONTACT PERSON (should not be same as the information of the person of exchange)			
Last Name		First Name	
Position		Department	
Address	Country:SWEDEN Zip Code:		
Tel	46-	Fax	
E-Mail			

2) INFORMATION ON THE PERSON OF EXCHANGE			
Last Name		First Name	
Date of Birth	(D/M/Y)	Gender	
Nationality	Swedish		
Applying field of study	<input type="checkbox"/> Language & Literature <input type="checkbox"/> Social Science <input type="checkbox"/> Engineering <input type="checkbox"/> Natural Science <input type="checkbox"/> Fine Arts <input type="checkbox"/> Others (pls. specify):	Current Major	<input type="checkbox"/> Language & Literature <input type="checkbox"/> Social Science <input type="checkbox"/> Engineering <input type="checkbox"/> Natural Science <input type="checkbox"/> Fine Arts <input type="checkbox"/> Others (pls. specify):
	Grade (or how many years in attendance):		ECTS
Tel	46-	Fax	
E-mail			

HOST INSTITUTION (in Asian Country)	
Name of Institution	
Address	Country: Zip Code: *

1) CONTACT PERSON (should not be same as the information of the person of exchange)			
Last Name		First Name	
Position		Department	
Address	Country: Zip Code:		
Tel		Fax	
E-Mail			

2) INFORMATION ON THE PERSON OF EXCHANGE			
Last Name		First Name	
Date of Birth	(D/M/Y)	Gender	
Nationality			
Applying field of study	<input type="checkbox"/> Language & Literature <input type="checkbox"/> Social Science <input type="checkbox"/> Engineering <input type="checkbox"/> Natural Science <input type="checkbox"/> Fine Arts <input type="checkbox"/> Others (pls. specify):	Current Major	<input type="checkbox"/> Language & Literature <input type="checkbox"/> Social Science <input type="checkbox"/> Engineering <input type="checkbox"/> Natural Science <input type="checkbox"/> Fine Arts <input type="checkbox"/> Others (pls. specify):
Grade (or how many years in attendance):		GPA(ECTS)	
Tel		Fax	
E-mail			
Confirmation on Agreement with Host Institution			
I, the contact person in the home institution, hereby confirm that the persons to be exchanged and the contact person in the host institution are all aware and agree that this application is submitted. (please, check the box at the right as appropriate)			YES

DESCRIPTION OF EXCHANGE PROGRAM				
	From HOME to HOST Institution		From HOST to HOME Institution	
Type Of Exchange	STUDENT		STUDENT	
Duration Of Exchange	Applying UNIT	1 semester	Applying UNIT	1 semester
	Starting Date		Starting Date	
	Ending Date		Ending Date	

PURPOSE OF EXCHANGE	
STUDENT	<input type="checkbox"/> Transfer of Credits
	<input type="checkbox"/> Others :
IF THIS APPLICATION IS FOR A STUDENT-EXCHANGE, PLEASE ANSWER BELOW:	
FROM HOME TO HOST INSTITUTION	
How many ECTS for transfer?	
FROM HOST TO HOME INSTITUTION	
How many ECTS for transfer?	
If your purpose of exchange is other than Joint/Double Degree, Transfer of Credit, Lecture, or Research, please specify in detail :	

EXCHANGE DETAILS

IF THIS APPLICATION IS FOR A STUDENT EXCHANGE, DESCRIBE STUDENTS' CLASS SCHEDULE DURING EXCHANGE

(This will be closely examined at the stage of selection by the Selection Committee. Language training course ONLY is not acceptable. Any change in course schedule should be duly reported to the Secretariat for approval.)

Class Schedule of the Swedish Student :

Name of subject	ECTS	Comments if necessary.
Total	-	-

The contact person at Home institution, hereby confirm that the exchange period at Host institution is eligible for the student (from Sweden) as full time study for one semester and that the home institution shall give full recognition for the period spent abroad.

YES

Class Schedule of the Asian Student :

Name of subject	ECTS	Comments if necessary.
Total	-	-

The contact person at Host institution, have confirmed that the exchange period at Home institution is eligible for the student (from Asia) as full time study for one semester and that the host institution shall give full recognition for the period spent abroad.

YES

CERTIFICATION OF AUTHENTICITY

I hereby certify on my honor that the information provided in this application is correct and complete. Any provision of inaccurate or false information or omission of information will render this application invalid and that, if selected on the basis of such information, I can be required to withdraw from the award.

Date:

(Name) Contact Person of Home Institution:

(Name) President or Director of Institution:

Official Stamp of Institution :

- Please upload the MOU agreement between two universities.
- Please upload the copies of passport of two students.